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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number	PM4	
			First Named Inventor	Kovac	
			COMPLETE IF KNOWN		
			Application Number		
,		, 	Filing Date		
☑ Declaration ☐ Declaration Submitted OR Submitted after Initial with Initial Filing (37 CFR 1.16 (e)) required)	Submitted after Initial	Group Art Unit			
	(37 CFR 1.16 (e))	Examiner Name			

As a below named inventor, I hereby declare that:							
My residence, mailing address, and	i citizenship are as stat	ed below next to my па	me.				
I believe I am the original, first and sole inventor (if only one name Is fisted below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the Invention entitled: SYSTEM AND METHOD FOR ADVERTISEMENT SPONSORED CONTENT DISTRIBUTION							
<u> </u>	σ	itle of the Invention)					
the specification of which		•					
is attached hereto OR		aş United S	itales Application I	lumber or PCT International			
was filed on (MM/DD/YYYY)			• •	(if applicable).			
Application Number	and was a	mended on (MM/DD/YY	m)	(п аррясарів).			
I hereby state that I have reviewed amended by any amendment spec			กษีที่ed specification	n, Including the claims, as			
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became a	vailable between the fili	s defined in 37 CF ng date of the prio	R 1.56, Including for continuation application and the national or	ħ-		
l hereby claim foreign priority ben- certificate, or 355(a) of any PCT in America, listed below and have certificate, or any PCT internations	also identified below.	by checking the box, a	anv toreidh applic	ation for patent or inventors			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
l hereby claim the benefit under	35 U.S.C. 119(e) of arr	y United States provisio	nal application(s) l	isted below.			
Application Number(s)	Filing Date	e (MM/DD/YYYY)	Addition	al provisional application			
60/XXX,XXX 02/08/2000			numbers supplem	are fisted on a are fisted on a ental priority data sheet 02B attached hereto.			

[Page 1 of 2]

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DECLARATION	W — Utility	or De	sign	Patent	Application
	stomer Number Bar Code Label			OR 🗶	Correspondence address below
Name Norton R. Townsley, Reg	gistration No. 336	80			
Address 100 Corporate Pointe					
Suite 330 Address				MARINE AND A STATE OF THE STATE	
Culver City city			State	CA	90230 ZIP
USA Country	Telephon		645-72	59	1-310-215-3248 Fax
I hereby declare that all statements made are believed to be true; and further that I made are punishable by fine or imprison validity of the application or any patent iss	lhese stalements we nent, or both, under '	re made wii	ila ilan kno	wiedae that will	hil talse statements and the like 50
NAME OF SOLE OR FIRST INVE	NTOR:	0	A petitic	on has been fi	led for this unsigned inventor
Given Name Mario (first and middle [if any])			Family N or Suma		
Inventor's Mario a	F				6. 2. 2001.
Residence: City Zagreb		State	c	Croatic	Croatia
Malling Address Mandalicina 3		<i>-</i>			
Mailing Address					
city Zagreb	State		ZIP 10	0000	Country Croatia
NAME OF SECOND INVENTOR:			A petiti	on has been f	iled for this unsigned inventor
Given Name (first and middle [if any])			Family N		
Inventor's Signature		_			Date
Residence: City	·	State		Country	Citizenship
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Mailing Address					
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ADDITIONAL INVENTOR(S) Supplemental Sheet DECLARATION Page 3 of 5 Name of Additional Joint inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) Brian D. Litman Inventor's Date Signature US CA USA West Hollywood Citizenship Country Residence: City 950 N. Kings Road **Mailing Address** Ste. 250 **Mailing Address USA** CA 90069 West Hollywood State ZIP Country Chy A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle [if any]) 113 M Inventor's Date Signature Chizenship Residence: City State Country Mailing Address **Mailing Address** Country State ZIP City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) inventor's Date Signature Citizenship Country State Residence: City **Mailing Address Mailing Address**

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any		A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Nam	e or Sumame		
Davor		Runje			
Inventor's Javor Russe			6.2.2001. Date		
Zagreb Residence: City	State	Croatia Country	Croatia Citizenship		
Mailing Address V. Nazora 16					
Mailing Address					
City Zagreb	State	10000 ZIP	Croatia		
Name of Additional Joint Inventor, if any		A petition has been filed	i for this unsigned inventor		
Given Name (first and middle [if any])		Family Nam	ne or Surname		
inventor's Signature			Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
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Name of Additional Joint Inventor, if any	<i>(</i> : □	A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature			Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
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City	State	ZIP	Country		

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 5

Name of Additional Joint Inventor, if a	iny:		A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Tomislav		Uz	zelac		
Inventor's Signature 9	be		The state of the s		Date # 15:201
Residence: City Zagreb	State	c	Croatia		Croatia Croatia
Mailing Address Grada Vukovar	a 237a				
Mailing Address					
city Zagreb	State		ZIP 10000 C	ountr	y Croatia
Name of Additional Joint Inventor, if a	ıny:		A petition has been filed	for thi:	s unsigned inventor
Given Name (first and middle (if an	y])		Family Name	e or Si	umame
Inventor's Signature					Date
Residence: City	State	Country Citizenship			Citizenship
Mailing Address					
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City	State		ZIP	Cour	-4
Name of Additional Joint Inventor, if a			petition has been filed fo		
Given Name (first and middle [if any])	Family Name or Sumame			
inventor's Signature					Date
Residence: City State				Citizenship	
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Application Number	
Filing Date	
First Named Inventor	Kovac
Group Art Unit	
Examiner Name	
Attorney Docket Number	PM4

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Name Registration Number							
N	orton R. Townsley	33,608					
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Address	Suite 330						
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Country	USA	•					
Telephone	1-310-645-7259	Fax	1-310-215-32				
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SIGNATURE of Applicant or Assignee of Record							
Name	Mario Kovac						
Signature	Mario Eurat						
Date	6.2.2001.						
NOTE, Signatures of all forms if more than one s	NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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Application Number		
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First Named Inventor	Kovac	
Group Art Unit		
Examiner Name		
Attorney Docket Number	PM4	

Practitioners at Customer Number OR Name Name Registration Number Norton R. Townsley as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Norton R. Townsley Address 100 Corporate Pointe Address 100 Corporate Pointe Address City Culver City State Country USA Telephone 1-310-645-7259 Fax 1-310-215-32 I am the: Assignee of record of the entire interest. See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Davor Runje Signature Davor Runje Signature Davor Runje Signature Davor Runje Signature Servelined, see below. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiplo forms or incord than one signature is required, see below. OTHER OFTICE O	I hereby appoint:						
Address 100 Corporate Pointe Address Suite 330 City Culver City State CA Zip 90230 Country USA Telephone 1-310-645-7259 Fax 1-310-215-32 I am the: Assignee of record of the entire interest. See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is snalosed. (Form PTO/SB/96). Signature Date 6 . 2. 200 A. NOTE: Signatures of all the inventors or assigneese of record of the entire interest or their representative(s) are required, Submit multiple torns if more than one signature is required, see below.	Practitioners a				Number Bar Code		
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Address Suite 330 City Culver City State CA Zip 90230 Country USA Telephone 1-310-645-7259 Fax 1-310-215-32 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is enclosed. (Farm PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Davor Runje Signature 0.2.2001. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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Telephone 1-310-645-7259 Fax 1-310-215-32 I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Davor Runje Signature Davor Runje Date 6.2.2001. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required, Submit multiple forms if more than one signature is required, see below*.	Address	Suite 330					
Telephone 1-310-645-7259 Fax 1-310-215-32 I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Davor Runje Signature Date 6.2.2001. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City	Culver City	State	CA	Zip 90230		
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Name Davor Runje Signature Date 6.2.2001. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3 71.						
Name Davor Runje Signature Date 6.2.2001. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	SIGNATURE of Applicant or Assignee of Record						
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First Named Inventor	Kovac	
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Examiner Name		
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I hereby appoint: Practitioners at Customer Number OR Practitioner(s) named below: Place Customer Number Bar Code Label here						
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No	orton R. Townsley	33,608				
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SIGNATURE of Applicant or Assignce of Record						
Name	Tomislav Uzelac					
Signature	Janel Vel	<u></u>				
Date April 5 7201						
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Application Number

		Filing Date				
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Country USA						
Telephone 1-3	110-645-7259		Fax	1	-310-215-3	2
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Brian D. Lite	man					

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